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				Complete if Known		
CONTRACTOR AND		n Serial Number		10/664,694		
OTAFEE TRANSMITTAL	L Filing Date			September 16, 2003		
FY 2007	First Name			Whitcomb		
√ 11 200/	Group Art Unit		t	3652		
MIC o. 7. 2	Examiner 1		••			
AUG 27 2007 7						
Automey		ocket No.		IDE-002		
Confirmati		on No.		4702		
METHOD OF PAYMENT		FEE CALCULATION (continued)				
1. Payment Enclosed:		3. ADDITIONAL FEES				
☐ Check ☐ Money Order ☐ Other		Large	Small			
		Entity	Entity			
2. The Commissioner is hereby authorized to credit		Fee	Fee	Fee Description	Fee Paid	
or charge any fee indicated below for this submission to		(\$)	(\$)			
Deposit Account No. 50-1721.						
Required Fees (copy of this sheet enclosed).		130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and		50	25	Surcharge - late provisional filing fee		
1.17.		1		or cover sheet		
Overpayment Credit.		130	130	Non-English specification		
3. Applicant claims small entity status.		2,520	2,520	Request for ex parte reexamination		
FEE CALCULATION		120	60	Extension for reply within first month	<u> </u>	
1. FILING/SEARCH/EXAM/SIZE FEES		4	225			
I. FILINO/SEAKCH/EXAM/SIZE FEES		450	223	Extension for reply within second month		
Large Entity		1020	510		510.00	
	oo Doid	1		Extension for reply within third month	310.00	
Fee (\$) Fee Description Fe	ee Paid	1590	795	Extension for reply within fourth month	1	
		2160	1080			
300 Utility filing fee		500		Extension for reply within fifth month	}	
, ,		,	250			
		500	250	Filing a brief in support of an appeal		
200 Utility exam fee		1000	500	Request for oral hearing		
250 Utility size fee (each add' 1 50 pgs. over 100)		400	400	Petitions to the Commissioner (Gp. I)		
200 Design filing fee		200	200	Petitions to the Commissioner (Gp. II)		
100 Design search fee 130 Design exam fee		130	130	Petitions to the Commissioner (Gp. III)	<u> </u>	
		180	180	Submission of Information Disclosure		
250 Design size fee (each add'l 50 pgs. over 100)		700	205	Statement		
		790	395	Filing a submission after final		
Number Number Rate	Amount	700	205	rejection (37 CFR 1.129(a))		
	Amount	790	395	For each additional invention to be		
		100	100	examined (37 CFR 1.129(b))		
Total Claims $-20 = x \$ 50.00 =$		100	100	Certificate of Correction for		
Independent		120	CF	applicant's error		
Claims - 3 = x \$200.00 =		130 Other fee (65 (Specify)	Submission of Terminal Disclaimer	395.00	
-3- x \$200.00 =		Outer tee ((apecity)	Request for Continued Examination (RCE) Transmittal	393.00	
☐ Multiple Dependent Claim(s), if any \$360.00 =				(ICCL) Transmittai		
TOTAL:						
SMALL ENTITY DISCOUNT:						
SUBTOTAL (1) (\$) .00						
2. AMENDMENT CLAIM FEES						
Claims Highest No. Present Rate	Fee Paid			SUBTOTAL (3)	(\$) 905.00	
Remaining Previously Extra				(-)	(-, - 50.00	
After Amend. Paid For						
Total - = x \$ 50.00 =				SUBTOTAL (1)	.00	
Indep = $x $200.00 =$				SUBTOTAL (2)	.00	
First Presentation of Multiple Dep. Claim + \$360.00 =	:			SUBTOTAL (3)	905.00	
TOTAL:	(\$)			- (-)		
SMALL ENTITY DISCOUNT:	(\$)					
SUBTOTAL (2)	(\$).00	TOTAL (\$) 905.00				
CORRESPONDENCE ADDRESS			SIGNATURE BLOCK,			
Direct all correspondence to:			Respectfully submitted,			
			ust 27 24			
Kirkpatrick & Lockhart Prestor	Date: August 27, 2007 Reg. No.: 54,146 George S/Haight IV					
Gates Ellis LLP						
State Street Financial Center			Tel. No.: (617) 951-9159 Attorney for the Applicants Fax No.: (617) 261-3175 Kirkmatrick & Lockbort Procton			
One Lincoln Street			Fax No.: (617) 261-3175 Kirkpatrick & Lockhart Preston			
Boston, MA 02111-2950			Gates Ellis LLP			
Tel. No.: (617) 261-3100				State Street Financial Cen	ier	
			One Lincoln Street			
Fax No.: (617) 261-3175				Boston, MA 02111-2950		
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